

HS-18.09, "Institutional Health Care Authority Responsibilities," October 1, 2005
SCDC POLICY/PROCEDURE

NUMBER: HS-18.09

TITLE: INSTITUTIONAL HEALTH CARE AUTHORITY RESPONSIBILITIES

ISSUE DATE: October 1, 2005

RESPONSIBLE AUTHORITY: DIRECTOR OF HEALTH SERVICES

OPERATIONS MANUAL: HEALTH SERVICES

SUPERSEDES: HS-18.09 (December 1, 2002)

RELEVANT SCDC FORMS/SUPPLIES: 17-7, 19-29A, 22-1, 22-5, M-14, M-117

ACA/CAC STANDARDS: 4-ACRS-4C-02, 4-ACRS-4C-06, 4-ACRS-4C-09, 4-ACRS-4C-10, 4-ACRS-4C-18, 4-ACRS-7D-35, 3-4016, 3-4326, 3-4328, 3-4334, 3-4338, 3-4340, 3-4344, 3-4365, 3-4366, 4-4015, 4-4355, 4-4356, 4-4363, 4-4380, 4-4383, 4-4384, 4-4393, 4-4408

STATE/FEDERAL STATUTES: NONE

SCDC MEDICAL DIRECTIVES: 100.A-1, 100.A-5, 100.A-7, 100.B-8, 300.E-2b

PURPOSE: To delineate responsibility for the provision of inmate health care services at SCDC institutions, to provide information regarding IV therapy training for licensed practical nurses, to outline requirements/limitations for inmate workers in health care areas, and to establish guidelines for credentials/training requirements of personnel in Health Services.

POLICY STATEMENT: To promote the overall health and well-being of inmates, Medical and Professional Health Services personnel will be supervised, managed, and selected in a way which promotes comprehensive health care for inmates and provides medically necessary care to inmates. Each institution will have a designated health care authority (HCA) or health-trained staff member responsible for coordinating and arranging for all levels of inmate health care services at his/her assigned institution; for assuring the quality of all health care services provided inmates; and for assuring that inmates have adequate access to health care services. To promote the safety and security of all inmate patients, any inmate who is selected to work in any clinical infirmary will be authorized only to perform custodial duties, however, an exception will be made for inmates trained to provide assistance with activities of daily living through specialized programs such as hospice and assisted living programs.

The SCDC will ensure that all Health Services personnel possess and maintain appropriate licensure in accordance with all applicable Agency policies/procedures, state and federal statutes, and American Correctional Association Standards. The supervision, management, and selection of Health Services staff will be accomplished pursuant to all applicable Agency policies/procedures, state and federal statutes, and American Correctional Association standards. (4-ACRS-4C-18, 3-4334, 4-4384)

TABLE OF CONTENTS

1. DESIGNATED HEALTH CARE AUTHORITY (HCA)
2. INTRAVENOUS (IV) THERAPY TRAINING FOR LICENSED PRACTICAL NURSES (LPNs)
3. INMATE WORKERS IN HEALTH CARE AREAS
4. MEETINGS
5. REPORTS
6. CREDENTIALS
7. GENERAL SUPERVISION
8. RECRUITING AND EMPLOYMENT
9. CORRECTIVE ACTION
10. APPRAISAL
11. DEFINITIONS

SPECIFIC PROCEDURES:

1. DESIGNATED HEALTH CARE AUTHORITY (HCA):

1.1 At institutions supported by in-house (SCDC) health services, the Director of Nursing will designate an acting HCA with the responsibility for arranging all levels of health care, assuring the quality of health services, working with all institutional staff to coordinate services, and assuring that inmates have access to medically necessary care.

1.2 At institutions which do not have full-time, professional health services personnel:

1.2.1 A health-trained staff member(s) will be responsible for coordinating the institutional health care delivery services under the direction of a designated HCA from a neighboring institution. The Warden will be responsible for designating his/her health-trained staff member(s). The designated HCA will be responsible for providing needed training to this individual(s) to include, at a minimum, the following:

- Instructions regarding the implementation of institutional medical emergency procedures;
- Instructions on completing SCDC Supply M-14, "Medical Screen," with appropriate follow-up;
- Instructions on ensuring that inmates and their medical records are available for sick call;
- Instructions on assisting in carrying out orders regarding such matters as diets, housing, and work assignments;

- Instructions on procedures for mental health referrals; and
- Instructions on maintaining the Warden's copy of the SCDC Medical Directives Manual.

1.2.2 The HCA will be responsible for developing a teaching plan outlining the topics covered with the health-trained staff member. A copy of SCDC Form 17-7, "Training Roster," will be maintained by the HCA and by the health-trained staff member for documentation purposes. (4-ACRS-4C-06, 3-4326, 3-4338, 4-4383, 4-4383)

1.2.3 At institutions where correctional officers or other non-medical staff members complete SCDC Supply M-14, "Medical Screen," on newly arriving inmates, the HCA will be responsible for ensuring that officers and other applicable staff members are trained by health care staff in completing the form and arranging appropriate follow up. SCDC Form 17-7, "Training Roster," will be forwarded to the SCDC Training Academy, and a copy will be maintained in the institution for three (3) years. The HCA/designee is also responsible for periodic reviews of medical screens. (4-ACRS-4C-06, 3-4344, 4-4363)

1.3 When the HCA is other than a physician, the physician assigned to the SCDC institution is responsible for all final medical judgments. (4-ACRS-4C-02, 3-4326, 4-4380)

(NOTE: Exceptions may be made at those facilities housing inmates who are assigned to a Work Program and who are responsible for paying for their own health care or whose employers are responsible for providing health care for injuries.)

2. INTRAVENOUS (IV) THERAPY TRAINING FOR LICENSED PRACTICAL NURSES (LPNs):

2.1 All LPNs must complete an IV therapy course and satisfactorily demonstrate this skill to the appropriate HCA prior to being assigned alone to a work shift that would require IV's to be maintained.

2.2 The appropriate HCA will be responsible for scheduling LPNs assigned to his/her institution in an IV therapy course.

3. INMATE WORKERS IN HEALTH CARE AREAS: (See Medical Directive 100.A-7, "Inmate Workers in Medical Clinics.")

3.1 The HCA will be responsible for writing job descriptions for the inmate custodial workers in health care areas. Precautionary measures will be taken to ensure that inmates will not:

- perform direct patient care services;
- relate any medical instructions to other inmates;
- schedule health care appointments;
- determine access of other inmates to health care services;
- handle or have access to surgical instruments, syringes, hypodermic needles, keys, medication of any type, or supplies containing alcohol;
- handle or have access to health records;
- have any opportunity to be privy to another inmate's consultations; and/or
- operate equipment for which they have not been trained.

3.2 Inmates may be permitted to perform only custodial (housekeeping) duties within any Health Services clinic or infirmary. (An exception will be made for inmates trained to provide assistance with activities of daily living through specialized programs such as hospice and assisted living programs.)

3.3 The appropriate HCA, in conjunction with Institutional Classification, will be responsible for screening inmates for selection as custodial workers in Health Services. (3-43404-4393)

3.4 Bloodborne Pathogens:

3.4.1 Inmate custodial workers in medical areas and assisted living units will be covered under the OSHA Bloodborne Pathogens Standard. Inmate workers will:

- receive comprehensive training by the HCA or designee prior to being assigned to any task in which an exposure can occur. This training will be documented on SCDC Form 22-5, "Inmate Training Record," and will be retained, along with documentation of annual review, for the duration of the inmate's employment in the medical area. (See Medical Directive 300.E-2b, "Housekeeper Training," for Training Outline.)
- have the option of receiving a Hepatitis B Virus (HBV) vaccination. Documentation of the consent/refusal will be made in the automated medical record (AMR). If, however, the inmate worker is scheduled for release prior to his/her being able to receive the complete series of three (3) HBV vaccinations over the required six (6) month period, the vaccinations will not be given. This information must be documented in the AMR. The inmate will still receive comprehensive bloodborne pathogens training and, if an exposure occurs, will receive appropriate post-exposure treatment.
- be given appropriate Personal Protective Equipment (PPE) as the situation dictates and as determined by the HCA or designee.

(NOTE: The institution will provide heavy duty latex gloves and goggles for inmate custodial workers. The medical staff will provide other PPE as the situation dictates.)

3.4.2 If an exposure situation occurs during the performance of an inmate's custodial duties, the inmate will immediately report this to staff and go to medical for first aid and appropriate follow-up with the institutional physician. SCDC Form 19-29A, "Incident Report," will be completed including all of the circumstances surrounding the exposure/injury. The "Incident Report" will be forwarded to the Infection Control Coordinator and the institutional Environmental Health and Safety Officer. SCDC Form 22-1, "Accident/Incident Report" (A.I.R.), will be sent to the Division of Safety. Both forms will be initiated by the charge nurse prior to the end of the work shift.

(Note: See Medical Directive 100.B-8, "Management of Occupational Exposure to Bloodborne Diseases or Potentially Infectious Material," for further guidelines.)

3.4.3 The HCA will maintain SCDC Form M-117, "Cleaning Schedule," for the medical area as required by OSHA. It will be kept on file for three (3) years.

3.4.4 Inmate workers will be provided training in bloodborne pathogens procedures. Failure of inmate custodial workers to follow these procedures will result in disciplinary action pursuant to SCDC Policy/Procedure OP-22.14, "Inmate Disciplinary System." (4-ACRS-4C-09, 4-ACRS-4C-10, 3-4365, 3-4366, 4-4355, 4-4356)

3.4.5 Refer to Section 300.E-2 of the Medical Directives Manual for specific information regarding custodial procedures.

4. MEETINGS:

4.1 At least quarterly, the institutional HCA will be required to meet with the Warden to review the delivery of medical and dental services at the institution and will submit annual statistical summaries and quarterly reports on the health care delivery system and health environment. (NOTE: The Warden's monthly institutional staff meeting may fulfill this requirement if the HCA is attending and participating.) Meeting agendas, notes, or sign-in sheets of such meetings will be maintained by the HCA for three (3) years for documentation purposes. (3-4328, 4-4408)

4.2 Mandatory meetings of the Central Office Medical staff and all HCAs/designees will be held at least quarterly to facilitate communication and disseminate information. The meeting agenda/minutes of such meetings will be maintained by the Director of Nursing or designee for three (3) years.

4.3 The HCA will hold institutional health care staff meetings monthly to disseminate information, to involve the staff in problem solving issues, and to encourage communication. The agenda/minutes of such meetings will be maintained by the HCA or designee for three (3) years. A copy will be sent to the Director of Nursing. At institutions with no full-time health care staff, the HCA or designee will meet with the health trained staff member on an as-needed basis, but at least every six (6) months. (4-ACRS-7D-35, 3-4016, 4-4408)

5. REPORTS: The HCA or designee will be required to maintain statistical summaries and reports which will indicate the number of inmates receiving health services by category, as well as any other pertinent information. The following will apply:

5.1 The Director of Health Services or designee will obtain a monthly statistical report from the Division Director of Resource and Information Management or designee regarding the number of inmates screened/treated in various clinics. The report will be forwarded to the HCA of each institution. The HCA will provide an annual statistical summary to the Warden by January 31st annually. A copy of the monthly statistical report will be maintained in the clinic for three (3) years. (3-4328, 4-4408)

5.2 The HCA or designee will also submit various other health care reports to the Director of Nursing by the 5th of each month. A copy of each report will be maintained in the clinic for three (3) years. (For more information, see SCDC Medical Directive 100.A-5, "Monthly Reports to Health Services.")

5.3 The Director of Nursing will review and verify receipt of reports from assigned institutions and forward the reports as outlined in SCDC Medical Directive 100.A-5, "Monthly Reports to Health Services," by the 10th of each month.

6. CREDENTIALS:

6.1 Proof of state licensure, registration, and/or certification will be required for health care personnel if specified by the job description as follows:

6.1.1 Prior to employment, applicants must submit evidence of licensure, registration, and/or certification from the respective professional licensing/certifying organization. The Division Director of Human Resources or designee will verify required licensure and keep a copy of the license/certification in the employee's personnel file.

6.1.2 Once employed, employees will maintain licensure renewal and submit to their supervisor the evidence of license/certification as required by the professional licensing organization. The Health Care Authority (HCA) will keep a copy of the license/certification and forward a copy to the Director of Health Services/designee. Copies of licenses/certification will have "VOID" written across the face of the copy.

6.1.3 All licensure, registration, and/or certification must be submitted to the employee's supervisor within 10 days prior to the deadline imposed by the licensing authority.

6.2 Contract health care providers must present the following credentials to the Director of Health Services/designee for licensed providers:

- copy of current license and DEA certificate (if applicable);
- two (2) professional references;
- current liability coverage; and
- the practitioner's curriculum vitae.

6.3 Verification of credentials and related information will be maintained by the Director of Health Services/designee and, if the employee works in the institutional clinic, by the HCA. (4-ACRS-4C-18, 3-4334, 4-4384)

6.4 The Director of Health Services/designee will report information that may impact the employee's licensing status to the state licensing boards as required by state statute. (See Medical Directive 100.A-1a, "Reporting to Licensing Board," for further guidelines.)

6.5 The duties and responsibilities of health care providers will be governed by written directives approved by the Director of Health Services and the Agency Director.

7. GENERAL SUPERVISION:

7.1 The appropriate Warden will be responsible for the daily supervision of personnel working in an institution during the times they are in the institution regarding matters related to safety, security, and monitoring time and attendance.

7.2 Personnel will be expected to comply with all Agency policies/procedures and institutional rules at all times.

7.3 Health Services personnel will be responsible for any function which has a direct bearing on the quality, quantity, or usability of health services being provided. Work schedules and leave time will be coordinated through and approved by the HCA and approved by an employee designated by the Director of Health Services.

7.4 The Warden, in consultation with an employee designated by the Director of Health Services, may make mandatory assignments of non-security Health Services personnel to appropriate security positions in cases of immediate institutional emergencies. Such consultation will be done as soon as practical, depending upon the nature of the institutional emergency.

7.5 Weapons will not be issued to employees who are not qualified by the Agency in the use of weapons pursuant to SCDC policies/procedures related to the issue and use of weapons.

8. RECRUITING AND EMPLOYMENT:

8.1 The Central Office Health Services staff, in consultation with institutional Health Services staff, will be responsible for all recruiting and employment for new or on-going Health Services positions.

8.2 Central Office and institutional Health Services personnel will be responsible for preparing position descriptions, requesting vacancy announcements, coordinating outside advertising, interviewing applicants, and establishing salaries in accordance with applicable Agency policies/procedures and state and federal statutes. (4-ACRS-4C-18, 4-4334)

8.3 Health Services personnel will be responsible for making the final selection of all new employees. Final selection must have the concurrence of the Warden or designee and must conform to all the policies/procedures outlined in SCDC Policy/Procedure ADM-11.28, "Applicant Selection Process."

8.4 Transfer of Positions: Workload demands and cost effectiveness may necessitate the transfer of positions from one institution to another. The Director of Health Services will have the final authority regarding the assignment of Health Services positions.

9. CORRECTIVE ACTION:

9.1 Security Violations: The appropriate Warden may authorize corrective actions for Health Services employees working in institutions for security violations that may impair the security or efficient operation of the institution in accordance with SCDC Policy/Procedure ADM-11.04, "Employee Corrective Action," and applicable state and federal statutes. When initiating corrective action against a Health Services employee, the appropriate Warden will notify the HCA or the Director of Health Services or designee.

9.2 Professional Violations: The Director of Health Services or designee will authorize corrective action for Health Services employees working in institutions for specific infractions which have a direct bearing on the quality of health care delivery in accordance with SCDC Policy/Procedure ADM-11.04, "Employee Corrective Action," and applicable state and federal statutes. When initiating such corrective action, the

Director of Health Services or designee will notify the appropriate Warden.

9.3 Warning Notices and Terminations: Warning notices and terminations related to an employee's overall job performance will be managed in accordance with SCDC Policy/Procedure ADM-11.06, "Employee Performance Management System."

10. APPRAISAL (TO INCLUDE PLANNING STAGE) AND REVIEW:

10.1 Each Health Services employee, to include those whose office or work station is in an institution, will have his/her planning stage and performance appraisals completed by his/her immediate Health Services Supervisor. The concurring official will be the next level Health Services Supervisor. The Warden/designee will be asked for input for the review.

10.2 No employee appraisal will be discussed with the affected employee until all necessary signatures have been obtained.

10.3 The Director of Nursing or designee will ensure that appraisals are completed and processed according to proper time limits.

10.4 All performance evaluations will be completed in accordance with SCDC Policy/Procedure ADM-11.06, "Employee Performance Management System."

11. DEFINITIONS:

Health Care Authority (HCA) refers to the individual with authority and responsibility for arranging all levels of inmate health care at the institutional level, including management of specific Health Services employee management, pursuant to a written job description. (4-ACRS-4C-02, 3-4326, 4-4380)

Health-Trained Staff Member refers to an institutional staff member who has been trained by the assigned HCA or designee to coordinate health care delivery services under the joint supervision of the designated HCA and the Warden. (4-ACRS-4C-06, 3-4338, 4-4383)

Medically Necessary Care refers to the diagnosis and/or treatment needed to maintain and/or prevent deterioration of an inmate's health (other than that which would occur due to the uncontrollable progression of a disease or aging). Medically necessary care is within the standards of good medical practice within the community and the most appropriate level of service which the SCDC can provide. Medically necessary care does not include elective surgery/services and/or services performed for the convenience of an inmate, for the recommendation or referral of another physician/other provider, or for an inmate's attorney (to include services in anticipation of litigation).

—
s/Jon E. Ozmint, Director

ORIGINAL SIGNED COPY MAINTAINED IN THE DIVISION OF POLICY DEVELOPMENT.